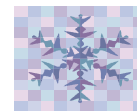


# DIABETES NEWSBEAT



Nebraska Department of Health and Human Services ✕ Diabetes Prevention and Control Program

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The Nebraska Diabetes Prevention and Control Program (NDPCP) is a Centers for Disease Control and Prevention grant funded program designed to help reduce the burden of diabetes in the State of Nebraska. The NDPCP works in partnership with the American Diabetes Association (ADA) and local community and healthcare groups statewide to provide education and assistance with minimizing health problems which may result from diabetes. The NDPCP focuses on prevention through education.

CDC Cooperative Grant No.  
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The Nebraska Department of Health and Human Services is committed to affirmative action/equal employment opportunity and does not discriminate in delivering benefits or services.



## A NEW YEAR, A NEW START AVOIDING VISION COMPLICATIONS

Your best defense against diabetes complications with your vision is keeping your blood sugar levels under control.

The vision problems that diabetes can lead to can be frightening.

Diabetic retinopathy, which develops as a result of damage to the small blood vessels in the retina in the back of the eye, can lead to blindness if not controlled.

Recent studies have shown that the risk of this is significantly reduced if blood sugars are well managed. It occurs far less frequently in those who maintain their blood sugars close to normal. It is also important to note that keeping blood sugars in

control can often prevent retinopathy from progressing.

If you are having trouble with your vision, it is recommended you see an experienced retinologist – an ophthalmologist who is highly qualified to evaluate and manage diabetes-related vision complications.

The American Diabetes Association recommends the following guidelines to prevent and minimize damage to your eyes:

- \* If you have high blood pressure, bring it under control.
- \* If you smoke, quit.
- \* If you have type 2 diabetes, get a dilated eye exam at the time of your diagnosis, and

then yearly thereafter.

- \* If you have type 1 diabetes and you are older than 10, get a dilated eye exam within 3 to 5 years of diagnosis, and then yearly.
- \* Women with diabetes should get a dilated eye exam prior to becoming pregnant and during their first trimester. Follow-up exams may be recommended by the doctor.
- \* See your eye care professional if you experience any changes in your vision, or if you have pain or pressure in your eye.

ADA, 2007

(Summary of article from WebMD.com)

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## WALK AWAY FROM THE COMMON COLD

**Journal of the  
AMERICAN DIETETIC  
ASSOCIATION, 2007**

If you want to reduce the sniffles this winter, researchers at the Fred Hutchinson Cancer Research Center have a suggestion—take a walk.

In the first randomized clinical trial to analyze the effects of moderate physical activity on the common cold, researchers discovered that postmenopausal women who engaged in regular, moderate exercise, such as brisk walking, had about half

the risk of getting colds as those who didn't exercise.

The study, published in the November 2006 American Journal of Medicine, involved 115 overweight, postmenopausal women who had not been exercising before the trial. The group was divided into: the so-called "exercisers," who participated in a moderate exercise program for 45 minutes, 5 days a week; and the "stretchers," who were told to take part in once-weekly, 45-minute stretching sessions.

**Bottom Line:**

Over the course of one year, the study showed that the risk of colds decreased modestly in the group of "stretchers." By the last 3 months of the study, the risk of colds decreased modestly in "exercisers" and increased modestly in the group of "stretchers." By the last 3 months of the study, the risk of colds was three times higher among nonexercisers. Researchers stated that results may also apply to other age groups and may also apply to men.

## IS IT A COLD OR THE FLU?

Did you get your flu shot this last fall? People with diabetes can have a greater risk of complications if they come down with the flu.

If you develop symptoms, be sure to see your health-care provider immediately to seek treatment and develop a plan to follow when sick.

| SYMPTOMS                               | COLD          | FLU   |
|--|---------------|---|
| Fever                                  | Rare          | Usually high (100° F-102° F); Occasionally higher, especially in young children; Lasts 3-4 days |
| Headache                               | Rare          | Common  |
| General Aches/Pains                    | Slight        | Usual, often severe   |
| Fatigue, Weakness                      | Sometimes     | Usual; can last 2-3 weeks   |
| Extreme Exhaustion                     | Never         | Usual at the beginning of the illness   |
| Stuffy Nose                            | Common        | Sometimes   |
| Sneezing                               | Usual         | Sometimes   |
| Sore Throat                            | Common        | Sometimes   |
| Chest Discomfort, Cough, hacking cough | Mild-Moderate | Common; can be severe   |

*Diabetes Wellness News, Vol. 13, No. 12*

## DIABETES INTERNET RESOURCES

**Nebraska Diabetes Control Program**

<http://www.dhhs.ne.gov/dpc/ndcp.htm>

**CDC Division of Diabetes Translation**

<http://www.cdc.gov/diabetes>

**Administration on Aging**

<http://www.aoa.gov>

**American Association of Diabetes Educators (AADE)**

<http://www.diabeteseducator.org>

**American Diabetes Association (ADA)**

<http://www.diabetes.org>

**American Dietetic Association (ADA)**

<http://www.eatright.org>

**American Heart Association**

<http://www.americanheart.org>

**CDC Division of Nutrition and Physical Activity**

<http://www.cdc.gov/nccdphp/dnpa>

**Centers for Medicare and Medicaid Services**

<http://cms.hhs.gov> or <http://www.medicare.gov>

**CIMRO of Nebraska**

<http://cimronebraska.org>

**U.S. HHSS, Department of Veterans Affairs**

<http://www.va.gov/health/diabetes>

**U.S. HHSS, Health Resources and Services Administration**

<http://www.hrsa.gov>

**U.S. HHSS, Indian Health Service (IHS)**

<http://www.ihs.gov/>

**International Diabetes Exercise & Sports Association (DESA)**

<http://www.diabetes-exercise.org>

**International Diabetes Federation (IDF)**

<http://www.idf.org>

**Joslin Diabetes Center**

<http://www.joslin.harvard.edu/>

**Juvenile Diabetes Research Foundation International (JDRF)**

<http://www.jdrf.org>

**The National Center for Health Statistics (NCHS)** <http://www.cdc.gov/nchs>

**National Certification Board for Diabetes Educators** <http://www.ncbde.org>

**National Diabetes Education Program (NDEP)**

<http://ndep.nih.gov>

<http://www.cdc.gov/team-ndep>

<http://betterdiabetescare.nih.gov>

<http://www.YourDiabetesInfo.org>

<http://www.diabetesinformation.org>

<http://www.diabetesinformacion.org> (for Spanish-language materials)

**The National Eye Institute**

<http://www.nei.nih.gov>

**National Health Information Center**

<http://www.health.gov/nhic>

**National Institute of Dental & Cranofacial Research (NIDCR)**

<http://www.nidcr.nih.gov>

**National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Diabetes Home Page** [www2.iddk.nih.gov](http://www2.iddk.nih.gov)

**National Diabetes Information Clearing House (NDIC)** <http://www.diabetes.niddk.nih.gov/>

**National Library Service for the Blind and Physically Handicapped (NLS)**

<http://www.loc.gov/nls>

**Nebraska Library Commission**

<http://www.nlc.state.ne.us>

**The National Women's Health Information Center** <http://www.womenshealth.gov>

**U.S. Food and Drug Administration**

<http://www.fda.gov>

**FDA Diabetes Site** <http://www.fda.gov/diabetes>

**U.S. HHSS, Office of Minority Health**

<http://www.omhrc.gov>

## A DIABETES-FRIENDLY MEAL EVERYONE CAN ENJOY

by the National Diabetes Education Program

Knowing what to serve and eat for dinner can sometimes be a challenge – especially for people with diabetes. While eating healthy foods is important for everyone, it's essential for people with diabetes. Diabetes is a disease that results in high glucose, or sugar levels in the blood, which can lead to serious complications. For the 21 million people with diabetes in this country, making healthy food choices and being physically active is crucial to managing their diabetes.

Whether you are a person with diabetes or a family member or friend, you can prepare a meal that is healthy and tastes great. Look for recipes that are low in saturated fats, *trans* fats, cholesterol, salt (sodium), and added sugars. Experiment with recipes that include fruits and vegetables, fish, lean meats, chicken or turkey without the skin, dry peas or beans, and low-fat or nonfat milk and cheese.

Other healthy ingredients are foods high in fiber, such as whole grain cereals, breads, crackers, rice, and pasta. To give an example of what to serve as a healthy meal, the National Diabetes Education Program suggests a recipe, along with other foods to complete the meal, that everyone can enjoy—whether you have diabetes or not.

### What's For Dinner?

When planning a meal, start with a salad appetizer. Baby spinach leaves with seasonal fresh vegetables or fruits like sugar snap peas or sliced pears go nicely with a low-fat vinaigrette dressing. For the main course, stick with lean meats or fish. On the next page, you'll find a recipe for baked salmon. Designed to serve six people, it takes about half an hour to prepare. Nutrition information, including carbohydrate grams, is provided.

A great side dish to serve with salmon is brown rice. Cook the rice with garlic, ginger, or green onions to give it more flavor. For dessert, serve a selection of fresh fruits of the season or a small scoop of fat-free or low-fat frozen yogurt or sorbet instead of regular ice cream. On special occasions, try a twist on traditional fruit pie by adding oats and almonds to the crust. It makes for a crunchy treat! Eating healthy foods doesn't mean sacrificing taste. One of the best ways to tell if a meal is both healthy and something you'll like is by knowing its ingredients. When you do the preparation and cooking, you know exactly what's going into it, and more importantly, what's not!

You can find more examples of healthy recipes by searching online for NHLBI's "Heart-Healthy Recipes," "A Healthier

You" Recipes, or Fruits & Veggies Matter's "Recipe Finder."

For more information about making healthy food choices for people with diabetes and free resources to help manage diabetes, contact the National Diabetes Education Program at [www.YourDiabetesInfo.org](http://www.YourDiabetesInfo.org) or 1-888-693-NDEP (6337).



Bon appétit!

The U.S. Department of Health and Human Services' National Diabetes Education Program is jointly sponsored by the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) with the support of more than 200 partner organizations.

**Small Step #4**



**Eat Half Your Dessert**



## Entrée: Baked Salmon Dijon

### Ingredients:

- 1 cup fat-free sour cream
- 2 tsp dried dill
- 3 tbsp finely chopped scallions
- 2 tbsp Dijon mustard
- 2 tbsp lemon juice
- 1½ lb salmon fillet with skin (cut in center)
- ½ tsp garlic powder
- ½ tsp black pepper
- Fat-free cooking spray as needed



**Instructions:** Preheat oven to 400°F. Whisk sour cream, dill, onion, mustard, and lemon juice in small bowl to blend. Lightly oil baking sheet with cooking spray. Place salmon, skin side down, on prepared sheet. Sprinkle with garlic powder and pepper, then spread with the sauce. Bake salmon until just opaque in center, about 20 minutes.

**Nutrition Information Per Serving:** Calories 196, Total Fat 7 g, Saturated Fat 2 g, Cholesterol 76 mg, Sodium 229 mg, Fiber less than 1 g, Protein 27 g, Carbohydrates 5 g.

- Recipe taken from “Keep the Beat: Heart Healthy Recipes from the National Heart, Lung, and Blood Institute”

### COOK FOOD SLOWLY AND AT LOWER TEMPERATURES

A study in the Proceedings of the National Academy of Sciences suggests that cooking food slowly and at a low temperature may reduce the risk of heart disease, especially in people with diabetes. When food is simmered it appears to limit development of chemicals in food that drive up blood levels of substances that harm the heart and vessels.

The study, by researchers from Mount Sinai School of Medicine in New York, found that people with diabetes had less of the harmful substances (advanced glycation end products or AGEs) when their food was cooked slowly and at a low temperature (AGEs are a by-product of the cooking process). This resulted in fewer blood chemicals associated with heart disease.

High temperatures scorch natural sugars found in food and this creates harmful chemicals. High levels of AGEs have been implicated in cardiovascular disease and may also interfere with the body’s ability to heal wounds.

During the study, the participants that ate diets low in AGEs reduced the level of AGEs by 40% and reduced other potentially harmful substances in the blood, including a 33% reduction in LDL cholesterol (“bad” cholesterol). The low-AGE diets also led to declines in chemicals linked to blood vessel damage.

(Summary of article from WebMD.com)

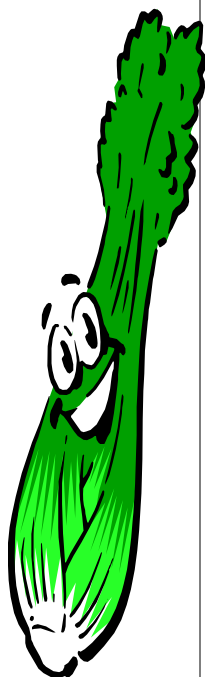
DO YOU KNOW  
WHAT THE GOAL  
FOR BLOOD  
PRESSURE IS FOR  
SOMEONE WITH  
DIABETES?



AT LEAST 130/80 OR  
LOWER!  
(ADA, 2007)

Small Step #37.  
Don't skip  
meals.

## THE 411 ON HEALTHY EATING



**Small Step # 38.: Eat more celery**

You've heard it countless times before – eat healthy. Want to know what all the hype is about? Science has shown that if you lose a small amount of weight by eating healthier and being physically active 30 minutes a day, 5 days per week, you can help prevent or delay type 2 diabetes.

What exactly does “eat healthy” mean? Eating the same old bland tasting food day after day? Hardly. In the landmark Diabetes Prevention Program (DPP) study, participants achieved success by eating less fat and fewer calories and getting regular physical activity. Although there are lots of diet choices and weight-loss plans available, taking small steps to

reduce fat and caloric intake and becoming more physically active is most likely to lead to successful weight loss—and helps to keep the weight off as well.

Here are some tips for eating healthier and getting you on the road to diabetes prevention:

- Eat a variety of fruits and vegetables. A serving is one medium-sized piece of fruit; ¼ cup of dried fruit; 1 cup leafy vegetables; ½ cup raw, cooked, frozen or canned fruits or vegetables.
- Buy a new fruit or vegetable during each shopping trip. Try eating at least one serving of a fruit and vegetable each meal.
- Choose water instead of regular sodas or fruit drinks.
- Instead of fried chicken, try it grilled or baked. Instead of french fries or potato chips, slice a few potatoes, sprinkle them with a little oil, salt, and pepper, and bake them in the oven.
- Curb your craving for dessert or a sweet snack by eating a piece of fruit.
- Instead of salty, fat-filled snacks, eat crunchy veggies with low or reduced fat dip.

For more tips and free materials on diabetes prevention, visit [www.ndep.nih.gov](http://www.ndep.nih.gov) or call 1-800-438-5383 and ask for “More Than 50 Ways To Prevent Diabetes.”

## NEWSLETTER SUBSCRIPTIONS

### INFORMATION UPDATE

Our last issue of Diabetes Newsbeat (Fall 2007) contained a postage-paid post card for your use in updating/correcting your mailing information and also to let us know about your e-mail and Internet access.

We want to thank all of you who have completed and returned the card.



If you received our last issue and have not yet returned the card, we would appreciate your doing so as soon as possible so we can complete our records update.

Thank you!

# DIABETES—A FAMILY AFFAIR

When a family member is diagnosed with diabetes it presents a tough challenge for the spouse and other family members. Diabetes can be overwhelming as it affects daily life; and it usually affects the entire family. It dictates when meals are served and what food is served – both are difficult to manage in today's busy life.

The person with diabetes can have mood swings that are frustrating for other family members. And if the person with diabetes doesn't seem serious about managing the disease, the spouse and other family members can become greatly concerned and worried about the many complications that can occur from poorly controlled blood sugar. It becomes apparent rather quickly that browbeating or criticizing usually backfires. It is important for the spouse and family members to find better ways to deal with the situation.

**Don't be the Diabetes Police** – Don't question the person constantly about their blood sugar levels or nag them about what they eat. Remember that they are living with the disease all the time and can never

take a break from it. It is unrealistic to think they can stay on top of it all the time. You want to know the results of their blood sugar checks out of concern but they may resent it. You need to accept the fact that the disease belongs to them.

**Initiate Healthy Habits for the Entire Family** – Plan healthier meals and monitor portion control. Make use of diabetic cookbooks and prepare the same foods for the entire family. If it is difficult to cook differently and to incorporate new, healthier menus, consult a dietitian for assistance on adapting family recipes into healthier versions.

**Encourage the Person to Exercise** – and help them make time for it. Offer to do things that will free them up to exercise – run errands for them, watch the children, or take on some of their household chores. Offer to exercise with them. Don't nag them to exercise but try to help them make exercise a priority.

**Understand the Disease** – educate yourself and learn everything you can about diabetes. Learn what to do in the event of a diabetic

emergency so you can stay less panicked.

**Expect and Be Prepared for Mood Swings** – people with diabetes can feel nervous, weak, confused and irritable. Expect to become the target of mood swings but learn not to take it personally. If mood swings become more intense or more frequent, discuss it with them and encourage them to seek counseling.

**Physical Closeness** – understand that diabetes can affect your physical relationship. Managing diabetes is very demanding. The physical changes to your body can also affect your mental outlook. Both parties need to understand it is not personal. Seek counseling to better understand these changes and options for dealing with them.

(Summary of article from WebMD.com)





NEBRASKA • DIABETES  
**Prevention & Control**

**Regular colon  
cancer screening  
is important for  
both men and  
women age  
50 and older.**

*SMALL STEP  
#17: JOIN AN  
EXERCISE  
GROUP!*

## **DIABETES RESEARCH NEWS:**

### **HIGH BLOOD SUGAR RAISES RISK OF POLYP RECURRENCE**

*NEW YORK (Reuters Health) -  
Dec 10, 2007*

People found to have elevated insulin or blood sugar levels at the time of a colonoscopy to remove polyps face an increased risk of developing recurrent polyps, including advanced polyps – the type with a high likelihood of progressing to cancer, research shows.

What's concerning is that the levels of blood sugar that produce this increased risk are actually not very high; they are "right at the border" of what doctors would consider "pre-diabetes," Dr. Andrew Flood of University of Minnesota, Minneapolis, noted in comments to Reuters Health.

For this reason, doctors and patients may want to consider more aggressive management of blood sugar than they might otherwise among people who have already had one or more polyps removed, Flood said. He and colleagues measured fasting blood samples from 375 adults with and 375 without a recurrent polyp or "adenoma" following removal of one or more adenoma identified at a prior colonoscopy. They determined baseline insulin and blood sugar levels as well as changes in these levels over 4 years of follow-up in the Polyp Prevention Trial. The investigators found that the likelihood of polyp recurrence was 56 percent higher among

subjects with the highest insulin levels compared with those with the lowest levels. Similarly, the likelihood of polyp recurrence was 49 percent higher for subjects with the highest versus the lowest blood sugar levels.

"Even more importantly," Flood noted, "high blood sugar was associated with a more than two-fold increased risk of a recurrent advanced polyp."

Thus, he said, "even a modest elevation" of blood sugar into the range that represents an early stage in the progression from normal blood sugar control to insulin resistance and then to diabetes resulted in a large increase in risk of recurrence for polyps of the type that are most likely to progress to cancer. These results "fit with the theory" that diabetes and even pre-diabetes can help fuel the development of colon cancer, the researchers note in their paper.

[http://www.cancer.org/docroot/CRI/content/CRI\\_2\\_4\\_3X\\_Can\\_colon\\_and\\_rectum\\_cancer\\_be\\_found\\_early.asp](http://www.cancer.org/docroot/CRI/content/CRI_2_4_3X_Can_colon_and_rectum_cancer_be_found_early.asp)

### **Nebraska Colon Cancer Screening Program**

Check out this website for  
information on this program:

<http://www.dhhs.ne.gov/crc/>



## AMERICAN CANCER SOCIETY COLORECTAL CANCER SCREENING GUIDELINES

Beginning at age 50, men and women who are at **average risk** for developing colorectal cancer should have 1 of the 5 screening options below:

- a fecal occult blood test (FOBT)\* or fecal immunochemical test (FIT)\* every year\*\*, OR
- flexible sigmoidoscopy every 5 years, OR
- an FOBT\* or FIT\* every year plus flexible sigmoidoscopy every 5 years\*\*, OR
- (Of these first 3 options, the combination of FOBT or FIT every year plus flexible sigmoidoscopy every 5 years is preferable.)
- double-contrast barium enema every 5 years\*\*, OR
- Colonoscopy every 10 years

\*For FOBT or FIT, the take-home multiple sample method should be used.

\*\*Colonoscopy should be done if the FOBT or FIT shows blood in the stool, if sigmoidoscopy results show a polyp, or if double-contrast barium enema studies show anything abnormal. If possible, polyps should be removed during the colonoscopy.

[http://www.cancer.org/docroot/CRI/content/CRI\\_2\\_6X\\_Colorectal\\_Cancer\\_Early\\_Detection\\_10.asp](http://www.cancer.org/docroot/CRI/content/CRI_2_6X_Colorectal_Cancer_Early_Detection_10.asp)

\*\*\*\*\*

### New Resource Available for Diabetes Educators

The National Kidney Disease Education Program (NKDEP) has developed a *Quick Reference on UACR and GFR* fact sheet to provide information on two important kidney measures: urine albumin-to-creatinine ratio (UACR) and estimated glomerular filtration rate (GFR). For each measure, the fact sheet addresses topics such as criteria for chronic kidney disease (CKD); interpretation of test results; and benefits, recommendations and warnings. The piece can be downloaded from the NKDEP website at: [www.nkdep.nih.gov/resources/uacr\\_gfr\\_quickreference.htm](http://www.nkdep.nih.gov/resources/uacr_gfr_quickreference.htm).

## SHOES *and* SOCKS

*take 'em off!*



**IF YOU HAVE DIABETES**  
Have your doctor check your feet.

*Ordinary foot problems such as bunions, calluses, ingrown toenails, and corns can be more serious in people with diabetes if they also have nerve disease or poor circulation.*

*People with nerve damage cannot feel their feet normally, so they may not notice sores, injuries, or high-pressure areas on the soles of the feet.*

*Check your feet daily and have your doctor check your feet during office visits as well!*

*(NKDEP and Ahroni, J.H.-ADA)*

## MAKE THE KIDNEY CONNECTION

### Small Step #30:



Ask your doctor about taking a multi-vitamin

If you have diabetes or high blood pressure, ask about your kidneys at your next doctor's appointment. Both of these conditions can damage your kidneys and lead to kidney disease.

Kidney disease from diabetes or high blood pressure does not go away. Instead, it gets worse over time. If not treated, kidney disease can lead to kidney failure, where your only options are dialysis or a kidney transplant.

Early kidney disease does not make you feel sick. The only way to know if you have kidney disease is to get tested. The sooner you catch kidney disease, the sooner you can take steps to keep your kidneys healthier longer.

Take the first step and talk to your doctor or nurse about your kidneys. Ask if you should be tested for kidney disease.

### What Your Kidneys Do

You have two kidneys located near the center of your back. Their job is to filter your blood. Small blood vessels in your kidneys remove waste and extra water and produce urine.

Diabetes and high blood pressure damage these blood vessels and can cause kidney disease.

### Risk factors for Kidney Disease

In addition to having high blood pressure and/or diabetes, you are also at risk for kidney disease if:

- You have heart (cardiovascular) disease
- Your mother, father, sister, or brother has/had kidney disease
- Your doctor has said you have protein in your urine (protein can leak into urine when the kidneys are not working well)
- You are of African American descent (*African Americans are at high risk for kidney failure. In large part, this is due to higher rates of diabetes and high blood pressure in the African American community, although there may be other reasons.*)

If you have any of the above risk factors, talk to your doctor about getting tested for kidney disease.

Take these steps to protect your kidneys:

- Keep your kidneys healthy by managing your diabetes and high blood pressure by eating healthy, staying active, and taking medicines as prescribed.
- Ask your doctor or nurse to test your blood and urine for kidney disease.
- Tests for kidney disease:
  - A blood test helps your doctor measure your GFR (glomerular filtration rate) which tells how well your kidneys are working.
  - A urine test measures the amount of protein in your urine, which checks for kidney damage.

If you have kidney disease, talk to your doctor or nurse about treatment options. Medicines called ACE inhibitors and ARBs can help keep your kidneys healthier longer.

(Excerpt from NKDEP Publication 07-6209)

**2008 World Kidney Day**  
**March 13, 2008**

An International Society of Nephrology (ISN) and International Federation of Kidney Foundations (IFKF) joint initiative.

## COLD WEATHER FAVORITES

The following recipe is an excerpt from the American Diabetes Association's *Mr. Food's Quick and Easy Diabetic Cooking*, which has many excellent recipes for diabetic cooking. This book and other informational diabetes materials can be ordered at a cost from the American Diabetes Association at 1-800-ADA-ORDER (232-6733) or through their website at <http://store.diabetes.org>.

### *Mexican Tortilla Soup*

Serving Size: 1 cup, Total Servings: 8

- 1 tablespoon vegetable oil
- 1 pound boneless, skinless chicken breast, cut into 1/2-inch chunks
- 1 red bell pepper, coarsely chopped
- 3 garlic cloves, minced
- 3 cans (14-1/2 ounces each) ready-to-use reduced-sodium chicken broth
- 1 package (10 ounces) frozen whole kernel corn
- 1/2 cup salsa
- 1/4 cup chopped fresh cilantro
- 1 cup broken-up baked tortilla chips

1. In a soup pot, heat the oil over medium heat. Add the chicken, bell pepper, and garlic, and cook for about 3 minutes, or until the chicken is browned on the outside, stirring frequently.
2. Stir in the chicken broth, corn, and salsa; bring to a boil. Reduce the heat to low, cover, and simmer for 5 minutes, or until the chicken is no longer pink.
3. Stir in the cilantro, ladle into bowls, and serve topped with the tortilla chips.

#### Exchanges

1 Starch

2 Very Lean Meat

|                        |        |
|------------------------|--------|
| Calories.....          | 149    |
| Calories from Fat..... | 32     |
| Total Fat.....         | 4 g    |
| Saturated Fat.....     | 0 g    |
| Cholesterol.....       | 34 mg  |
| Sodium.....            | 417 mg |
| Carbohydrate.....      | 13 g   |
| Dietary Fiber.....     | 2 g    |
| Sugars.....            | 3 g    |
| Protein.....           | 16 g   |



## ANSWERS TO FREQUENTLY ASKED QUESTIONS

THE NEBRASKA MEDICAL CENTER DIABETES CENTER, OMAHA, NE

JENNIFER LARSEN, MD

**Question:** Are there any vitamins or supplements that I can take that will reverse my diabetes?

**Answer:** There are no vitamins or supplements that “cure” diabetes. While there is some data that having adequate chromium, vanadium and vitamin D may all be necessary for normal insulin actions or pancreas function, it is not clear that taking these supplements is valuable unless you are deficient in any or all of them. Measuring vitamin D concentration is becoming more common as it is learned that many individuals who are overweight or just don’t get outside often – particularly in the winter – are often low in vitamin D and may benefit from supplements.

Beware of products that advertise “quick fixes” or “weight loss.” Some of these include high doses of caffeine or phenylpropanolamine which acts like “adrenaline” and may actually cause resistance to your own body’s insulin.



Nebraska Department of Health  
and Human Services

Nebraska Department of Health and Human Services  
Diabetes Prevention and Control Program  
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P.O. Box 95026  
Lincoln, NE 68509-5026

25-47-00

Address Service Requested

Phone: 1-800-745-9311  
Fax: 402-471-6446  
E-mail: [diabetes@dhhs.ne.gov](mailto:diabetes@dhhs.ne.gov)

<http://www.dhhs.ne.gov/dpc/ndcp.htm>



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              Diabetes Prevention and Control Program  
              301 Centennial Mall South  
              PO Box 95026  
              Lincoln, NE 68509-5026  
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